

<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> ( Not for submission under 37 CFR 1.99)	Application Number		
	Filing Date		2006-09-22
	First Named Inventor	Sick	
	Art Unit		
	Examiner Name		
Attorney Docket Number		72.112	

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- ☐ See attached certification statement.
- ☐ Fee set forth in 37 CFR 1.17 (p) has been submitted herewith.
- ☒ None

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A signature of the applicant or representative is required in accordance with CFR 1.33, 10.18. Please see CFR 1.4(d) for the form of the signature.

Signature	/Timothy E. Newholm/	Date (YYYY-MM-DD)	2006-09-22
Name/Print	Timothy E. Newholm	Registration Number	34400

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